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CONFIRMATION NO. 1630

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| SERIAL NUMBER 10/693,377 | FILING OR 371(c) DATE 10/24/2003 RULE | CLASS 435 | GROUP ART UNIT 1645 | ATTORNEY DOCKET NO. TLAB.100292 | |
| APPLICANTS James Hunter Boone, Christiansburg, VA; David Maxwell Lyerly, Radford, VA; Tracy Dale Wilkins, Riner, VA; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/421,395 10/25/2002 ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/28/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after. met Allowance <u>1/18/07</u> | | STATE OR COUNTRY VA | SHEETS DRAWING 2 | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 3 |
| Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u> | | | | | |
| ADDRESS JEAN M. DICKMAN SHOOK, HARDY & BACON L.L.P. One Kansas City Place 1200 Main Street Kansas City, MO 64105-2118 | | | | | |
| TITLE Inflammatory bowel disease and irritable bowel syndrome IBD-first chek diagnostic panel | | | | | |
| FILING FEE RECEIVED 531 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |